MANUAL

March 2006

MAINE QUALITY FORUM

SAFETY STAR MANUAL

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Introduction

"First do no harm"

The Institute of Medicine's (IOM) report To Err is Human (2000) "breaks the silence that has surrounded medical errors and their consequences-but not by pointing fingers at caring health care professionals who make honest mistakes. After all, to err is human." The book and subsequent experts point out that patient safety results from systems of care with safety built in. Safety is therefore an inherent system quality. The idea that safety, and therefore error, is a product of systemic structures and processes is explored in the literature on High Reliability Organizations.

In inherently risky organizations there is a fundamental tension between the ideas that errors naturally exist within the system (i.e. that complex, tightly coupled organizations are doomed to have accidents) and that organization and quality management can offset the factors that "doom" organizations to make errors. The presence of High Reliability Organizations (e.g. aircraft carriers, nuclear industry) suggest that systems can be designed, enhanced, and maintained such that the inherent risks of operating do not result in errors. These systems share characteristics indicative of a pervasive culture of safety.

With the issuance of the IOM report research and healthcare organizations have increased their emphasis on understanding the systemic approach to improving safety within our healthcare system. The National Quality Forum has established thirty *National Voluntary Consensus Standards for Safe Practices*. The safe practices have been demonstrated effective in reducing errors and improving the safety of healthcare systems. The challenge is to have all healthcare providers work to ensure that their systems meet or exceed the standards established by the National Quality Forum.

In that spirit, the Maine Quality Forum and the Maine Quality Forum Advisory Council believe that recognizing implementation leaders of these consensus safe practices will promote patient safety and lead to systems that enhance and maintain patient safety as primary. This is consistent with the literature that recommends moving away from a culture of blame and toward a culture of reliability and shared values. Recognition of leaders also spurs others to achieve full implementation.

Most of these practices are achievable now by inpatient hospitals of any size and complexity. Computerized physician order entry (CPOE) implementation requires significant resources and complex underlying electronic infrastructure that may not

be achievable by small institutions in the near or medium range future. In addition, standards for successful CPOE implementation are not available. Therefore, CPOE is not required in the 2006 award. Also full time intensivist coverage is not required for the 2006 award. In the near future, with the implementation and acceptance of telepresence of intensivists, full time coverage will be required.

The Maine Quality Forum Safety Star program is a voluntary, verified recognition program. The verification process is also intended to be educational in that the verification team in part includes peers of institutions of like complexity and peers of dissimilar institutions.

Patients will look for and providers will proudly display the Maine Quality Forum Safety Star.

Brief Review of Program Development

In January 2005 the Maine Quality Forum Advisory Council approved, as part of the Maine Quality Forum's strategic plan, the development of a program that would use the National Quality Forum-endorsed *National Voluntary Consensus Standards for Safe Practices* and work from the principle that recognizing hospitals that demonstrate clear leadership in advancing patient safety will lead to increased attention to and adherence with the safe practices across Maine's hospital system. This idea became the Safety Star program.

The Maine Quality Forum Advisory Council asked its Performance Indicator Committee (PIC) to work with the Maine Quality Forum staff to develop the guidelines and thresholds that would define the Safety Star program. Via public meetings, over a period of 7 months, Maine Quality Forum staff, members of the PIC, and informed public stakeholders met in open forums to discuss the thresholds for each of the 30 standards that the Maine Quality Forum would use to identify hospitals that are leaders in patient safety. A central tenet to these discussions was that the model was dichotomous. That is, a hospital must meet or exceed the thresholds on each of the standards in order to be recognized. In this way the Maine Quality Forum Safety Star program deviated from established tiered models that emphasize progress toward the standard.

Extensive discussion led to the adoption of 28 of the 30 standards and relevant thresholds and the PIC recommendation that the Advisory Council endorse the thresholds. Following this process the Maine Quality Forum staff met with Quality Improvement professionals (from Maine's hospitals) to discuss processes to validate applicants' claims to meet the thresholds. These discussions led to a fine tuning of the thresholds and the validation process you see in this manual. The result of this 8-month process is a consensus set of standards and thresholds that will be used to recognize hospitals during 2006-2007. (See Appendix A for a list of these practices and thresholds).

The Maine Quality Forum thanks all who participated in the development of this program. The input and support of those who volunteered their time and expertise helped us craft a program that we believe will accomplish our goal of promoting safer hospital environments and recognizing leadership.

How to Apply

Hospitals interested in submitting an application for the Safety Star need to:

- Fully complete the Application Form (see Appendix B).
- Send application form to Maine Quality Forum. Electronic submissions are preferred. To submit electronically, email your application as an attachment to mqf@maine.gov and include "Safety Star Application" in the subject line. Alternatively, applications may be mailed to:

  Attn: Ruth Ann Burke: Safety Star
  Dirigo Health Agency
  Maine Quality Forum
  211 Water Street
  53 State House Station
  Augusta, ME 04333

Frequently asked questions will be posted in the Safety Star section of the Maine Quality Forum website (www.mainequalityforum.gov). If you need additional assistance, please email the Maine Quality Forum at mqf@maine.gov and include "Application Assistance" in the subject line.

Maine Quality Forum will process applications in the order in which they are received.

Overview of Validation Process

The purpose of the validation process is to confirm that Safety Star applicants are meeting Maine Quality Forum thresholds for the 28 specific safe practices. The Maine Quality Forum uses a peer validation process to confirm each applicant's adherence with Safety Star standards. The Validation Team (VT) responsible for the validation process is comprised of volunteer Quality Improvement professionals from within Maine's hospital system. Each Safety Star application will be verified with a site visit.

Timeline**:**

- Maine Quality Forum receives completed application. (See Appendix B for this form).
- Maine Quality Forum verifies receipt of the application within 30 calendar days of receipt and queues it for VT (selection of team from the pool of Quality Improvement professionals).
- Maine Quality Forum and VT establish Site Visit Team (SVT) for site visit
- Validation process is completed within 90 calendar days of Maine Quality Forum's initial response to application.
    - SVT conducts site visit, completing Validation Forms for each Safety Star practice.
    - SVT submits Site Visit Report to Maine Quality Forum.
- Maine Quality Forum reviews Site Visit Report and notifies applicant of award decision within 10 business days of receiving the report.
- Maine Quality Forum publicly announces Safety Star Award recipients at time and place intended to generate the most favorable publicity.

Validating Safety Star Practices:

To verify most Safety Star practices, VT members will conduct policy and record reviews during site visits. (See Appendix C for a detailed list of validation criteria for Safety Star practices).

> **Policy Review**: a review of written policy, along with observation and interviews to determine if a policy reflects recognized best practice, and is commonly acknowledged, understood and practiced across all organizational levels.

The number of interviews conducted in conjunction with a policy review will be appropriate to hospital staffing at the time of site visit to assure adequate transfer of information.

Record Review: a review of 30 randomly selected patient records

- The SVT will pull 30 patient records and use them for every practice to be validated with record review.

These reviews will ensure that:

a) An appropriate protocol for a specific practice is in place.
b) Hospital employees understand the protocol.
c) Hospital employees follow the established protocol.

Site Visits

After the Maine Quality Forum responds to an application, it will meet with the Validation Team (VT) to determine which members will be a part of the team that will conduct the site visit for the application.

At least two VT members and one representative from the Maine Quality Forum will comprise each Site Visit Team (SVT).

The SVT will include at least one member from an institution of size and complexity comparable to that of the applicant and at least one member from a dissimilar institution.

The information that the SVT gathers during the site visit will be guided by two sources: the Safety Star application itself and Validation Forms. Safety Star applications will contain information about any supporting documents the applicant has for each practice threshold, where site teams can find those documents, and identify the appropriate contact person for obtaining the documents.

During the site visit, each SVT member will complete a Validation Form for every safe practice. The Validation Forms pinpoint the specific information SVT members must find to validate each Safety Star practice. (See Appendix C for the validation criteria).

On the day of the site visit, the applicant must make sure all supporting documentation noted in the application is available for SVT review. The applicant must ensure that the SVT can review records in a way that assures patient privacy. Additionally, hospital unit managers should be made aware of the site visit.

<u>Day of Site Visit</u>

- SVT meets and greets hospital representatives.
- SVT conducts site visit.
- SVT meets briefly and reviews site visit.
- SVT meets with hospital representatives to share general impressions of visit.

After the site visit, the SVT will complete a Site Visit Report, which has two parts: a summary of the site visit and a collection of Consensus Validation Forms (one for each Safety Star practice) to represent the SVT's pooled observations.

Reapplication Process

The Safety Star reapplication process allows applicants to address specific deficiencies cited during site visits and reapply for the Award. Applicants who fail to meet thresholds on three or fewer safety practices may opt to implement changes to improve the practices they missed and reapply for the Safety Star six months after they receive the initial award decision.

The reapplication process timeline conforms to the regular application timeline with the following differences:

- The same group of members who conducted the initial site visit will conduct a reapplication site visit.
- Only those practice thresholds initially missed will be validated during the reapplication site visit.

Intent to Reapply:

Following a non-award determination, a hospital has 60 calendar days to notify Maine Quality Forum of its intent to reapply. Hospitals that do not submit this notification within 60 calendar days of the non-award determination must submit another application.

Reapplication site visits must occur 6-9 months after the original award determination.

The reapplication process is completed within 270 calendar days of the applicant's receipt of original award determination.

The hospital must submit a Reapplication Form (see Appendix D) within 150 calendar days from when it received the original award decision. The reapplication site visit is completed within 270 calendar days of applicant's receipt of original award determination. The reapplication site visit will not be scheduled until Maine Quality Forum receives a completed Reapplication Form.

Disqualification:

The following disqualify a hospital from the reapplication process:

- Failure to submit intent to reapply within 60 calendar days of receipt of original award determination.
- Failure to submit Reapplication Form within 150 calendar days of receipt of original award decision.
- Failure to complete the reapplication process within 270 calendar days of receipt of original award determination.
- Failure to schedule a reapplication site visit between 180 and 270 calendar days of receipt of original award determination.

Reconsideration Process

The Safety Star reconsideration process gives applicants who question the award decision delivered to them by the Maine Quality Forum the opportunity to have that decision reviewed.

Timeline:

- Maine Quality Forum receives request for reconsideration.
- Maine Quality Forum responds to request.
- Within 75 calendar days of receipt of a request for reconsideration, the Chair of the Performance Indicator Committee of the Maine Quality Forum Advisory Council reviews all associated documents.
- The Performance Indicator Committee Chair makes reconsideration award decision recommendation to Director of the Maine Quality Forum.
- The Director of the Maine Quality Forum will issue notice of reconsideration decision within 10 business days of Performance Indicator Committee Chair recommendation. The Director of the Maine Quality Form is the final authority. All decisions are final.

Privileges and Restrictions of Safety Star Recipients

The Safety Star is a biennial recognition program. Recognized hospitals will receive the Maine Quality Forum Safety Star logo. Safety Star recipients will receive a copy of the Safety Star logo style guide. Recipients are unrestricted in their use of the Safety Star logo (graphics applications must be consistent with the style guide) for a two-year period unless the serious event of a wrong site, wrong patient or wrong procedure occurs. After such an occurrence, the recipient may no longer use the Safety Star logo.

Maine Quality Forum will promote its Safety Star Award and the award recipients. In the event that a recipient no longer qualifies for the Safety Star Award for any reason, the Maine Quality Forum will not promote the loss of the award. Maine Quality Forum may no longer list the disqualified recipient as an awardee. Maine Quality Forum will maintain an up-to-date listing of awardees on its website.

Edit Report

Significant changes made to the Safety Star Manual will be reported on this page.

The March 2006 Safety Star Manual includes the following revisions:

1. The threshold for Safety Star Standard #5 now reads: "*24-hour pharmacist coverage via on-site pharmacist and/or telepresence. If less than 24-hour pharmacist coverage, a score of "full pie" ("Excellent use of recommended medication safety practices") on the Maine Health Management Coalition Medication Safety Spotlight Survey."* This language replaces the previous threshold text, which read: "*24-hour pharmacist coverage via on-site pharmacist and/or telepresence. For critical access hospitals, pharmacist presence and/or presence of pharmacist software with trained nursing personnel and timely review by pharmacist.*"

2. The validation criteria for Standard #5 now read: "*Evidence of 24-hour pharmacist coverage via on-site pharmacist and/or telepresence; If YES, personnel interviewed report pharmacist involvement; If YES, pharmacist verification of prescription orders found in 30 randomly selected patient records; If NO, a score of "full pie" ("Excellent use of recommended medication safety practices") on Maine Health Management Coalition (MHMC) Medication Safety Spotlight Survey; If NO, presence of systems to mitigate the risk of medication error (e.g. CPOE, automated review software, electronic medication administration records, automated medication dispensing systems), as indicated in MHMC Survey responses.*" This language replaces the previous validation criteria, which read: "*Personnel interviewed report pharmacist involvement; Pharmacist verification of prescription orders found in 30 randomly selected patient records; Critical access hospital (CAH); If YES, presence of pharmacist software; If YES, evidence of nursing staff trained in software; If YES, evidence of timely pharmacist review of medication decisions; If NO, evidence of 24-hour pharmacist coverage via on-site pharmacist and/or telepresence*."

3. To ensure the validation criteria and threshold for Standard #6 are consistent with each other, the following validation criterion has been added to Standard # 6: "*Evidence of compliance audit within past 12 months.*"

4. Validation criterion B for Standard #9 has been corrected to read: "*Evidence of medication reconciliation at admission, or at discharge, or for intramural transfers.*" This replaces the previous text of criterion B, which read "*Evidence of medication reconciliation for intramural transfers.*" Validation criterion C for Standard #9, which read "*Evidence of medication reconciliation when patients are discharged to skilled nursing facilities*" has been deleted.

March 28, 2006

Appendix A: Safety Star Standards

Maine Quality Forum Recognized Provider Safe Practices Worksheet

NQF #	Category	Practice	Threshold
1	Culture	Culture of Safety	At least one institution wide survey by Agency for Healthcare Research and Quality criteria with results reported to staff and governing board.
2	Matching Needs to Capacity	Evidence-based Referral	Policy in place by Medical Executive Committee (MEC) acknowledging the principle of evidence-based referral and listing high risk services that should be sought outside the institution in elective situations.
3	Matching Needs to Capacity	Ensure Adequate Nursing Staff	Evidence that the institution complies with the Department of Health and Human Services, Division of Licensing and Certification
4	Matching Needs to Capacity	Intensivist Care	Not applicable 2006
5	Matching Needs to Capacity	Pharmacists Involved in Medication Use	24-hour pharmacist coverage via on-site pharmacist and/or telepresence. If less than 24-hour pharmacist coverage, a score of "full pie" ("Excellent use of recommended medication safety practices") on the Maine Health Management Coalition Medication Safety Spotlight Survey.
6	Facilitating Information Transfer	Verbal Order Safety	Evidence that the institution has requirement that verbal orders are signed within 24 hours either on paper or electronically. Evidence that a sampling has been performed within the last 12 months to ensure compliance with sign off and immediate read back.
7	Facilitating Information Transfer	Standardized Abbreviations and Dose Designation	Full adoption of National Quality Forum-endorsed "Do Not Use" list. Presence of functioning Quality Improvement (QI) mechanism.
8	Facilitating Information Transfer	Care Summaries not Prepared From Memory	Structure to provide clinician access to necessary records at time of dictation. Presence of functioning QI program based on sampling, documenting completeness and accuracy of dictated summaries.
9	Facilitating Information Transfer	Accurate Information Flow Across Providers	Evidence of medication reconciliation surveillance at admission, discharge or intramural transfers. Evidence of verification for accuracy of a sample of discharge medication lists.
10	Facilitating Information Transfer	Patient Understanding of Treatment	Staff training module outlining informed consent. Evidence of preprocedure discussion with patient demonstrating understanding of proposed procedure.
11	Facilitating Information Transfer	Life-Sustaining Treatment Preferences Charted	Patient preferences for life sustaining treatment on all charts. Evidence of reporting of all codes performed against preferences to MEC and Board Quality Committee.
12	Facilitating Information Transfer	Computerized Prescriber Order Entry	Not applicable 2006
13	Facilitating Information Transfer	Accurate X-Ray Labeling	Standardized protocols in place for correct labeling. Mislabeling incidents reported to MEC and Board Quality Committee. Presence of systems that make mislabeling extraordinarily rare.
14	Facilitating Information Transfer	Prevent Wrong Site/Wrong Patient Surgery	Protocol adopted, with measurement of compliance at reasonable intervals. Episode of wrong site, wrong patient, wrong surgery within the last 12 months disqualifies applicant.

NQF #	Category	Practice	Threshold
15	Process of Care	Beta Blockers Prescribed Before and After Surgery	Protocol adopted, with measurement of compliance at 80% level every 6 months.
16	Process of Care	Continuous Risk Assessment and Prevention of Pressure Ulcer Development	Protocol adopted, with measurement of compliance at each unit level annually. (units per American Nurses Association indicator list)
17	Process of Care	Continuous Risk Assessment and Prevention of DVT/VTE (clots in legs to lungs)	Protocol adopted, with measurement of compliance at each unit level annually.
18	Process of Care	Safe and Effective Blood Thinning (anti-thrombotic treatment)	Protocol adopted for inpatient management and discharge planning, with compliance confirmed by sampling annually on each unit. If anticoagulation team then evidence that the team participates in 80% of appropriate cases annually.
19	Process of Care	Continuous Risk Assessment and Prevention of Aspiration	Protocol adopted, with measurement of compliance at 80% level every 6 months.
20	Process of Care	Prevention of Central Catheter Infection	Protocol adopted consistent with best practices and evidence of 90% compliance sampled annually.
21	Process of Care	Risk-based Prevention of Surgical Site Infection	Protocol adopted, with measurement of compliance by reports to Maine Health Data Organization.
22	Process of Care	Risk-based Prevention of Kidney Injury From X-Ray Dye	Protocol adopted, with measurement of compliance semi-annually.
23	Process of Care	Continuous Risk Assessment and Prevention of Malnutrition	Protocol adopted, with measurement of compliance semi-annually.
24	Process of Care	Continuous Risk Assessment and Prevention of Tourniquet Complications	Protocol adopted, with measurement of compliance semi-annually.
25	Process of Care	Prevent Person-to-Person Transmission of Infection	Protocol adopted, with measurement of compliance by annual observational studies on a majority of hospital units.
26	Process of Care	Influenza Vaccination of Healthcare Workers	Vaccinated 80% of required except those who formally refuse.
27	Increasing Medication Safety	Appropriate Workplace for Medication Preparation and Dispensing	Minimum of monthly documentation that indicates a continuous surveillance of compliance by responsible person
28	Increasing Medication Safety	Standardized Medication Labeling and Storage	Self assessment of full compliance.
29	Increasing Medication Safety	Identification and Appropriate Use of "High Alert" Drugs	Self assessment of full compliance.
30	Increasing Medication Safety	Medication Dispensed in Unit Dose	Self assessment of full compliance.

Appendix B: Safety Star Application Form

MAINE QUALITY FORUM SAFETY STAR PROGRAM
PROVIDER APPLICATION

Date: _____

Hospital Name: _____

Primary Contact: _____ _____
Name Title

Mailing Address: _____
Street

_____ ME _____
City State Zip Code

Phone: _____ Email Address: _____

The safety indicators are based on the National Quality Forum's endorsed *National Voluntary Consensus Standards for Safe Practices*. Thresholds for each standard have been developed via a Maine Quality Forum-led multi-stakeholder process and endorsed by the Maine Quality Forum Advisory Council. Please refer to the Safety Star Manual for specific information about each safety practice.

Instructions: Please complete the following section based upon your determination of how you meet the threshold for each safety practice. Applicants may find it useful to review the validation process section of the Safety Star Manual. For each practice, please enter the name and a brief description of the documents which support your claim. Then enter the specific location where those documents can be found, followed by the name of the person who can answer questions about the documents. These documents will be reviewed by Validation Team members during a site visit.
.

	Practice	Supporting Documents	Location	Contact Person
1	Culture of Safety			
2	Evidence-based Referral			
3	Ensure Adequate Nursing Staff			
4	Intensivist Care	Not applicable 2006	Not applicable 2006	Not applicable 2006
5	Pharmacists Involved in Medication Use			
6	Verbal Order Safety			
7	Standardized Abbreviations and Dose Designations			
8	Care Summaries Not Prepared From Memory			
9	Accurate Information Flow Across Providers			
10	Patient Understanding of Treatment			
11	Life-Sustaining Treatment Preferences Charted			
12	CPOE	Not applicable 2006	Not applicable 2006	Not applicable 2006
13	Accurate X-Ray Labeling			
14	Prevent Wrong Site/Wrong Patient Surgery			
15	Beta Blockers Prescribed Before and After Surgery			
16	Continuous Risk Assessment & Prevention of Pressure Ulcer Development			
17	Continuous Risk Assessment & Prevention of DVT/VTE			
18	Safe & Effective Blood Thinning (anti-thrombotic treatment)			
19	Continuous Risk Assessment & Prevention of Aspiration			
20	Prevention of Central Catheter Infection			

	Practice	Supporting Documents	Location	Contact Person
21	Risk-based Prevention of Surgical Site Infection			
22	Risk-based Prevention of Kidney Injury from X-Ray Dye			
23	Continuous Risk Assessment & Prevention of Malnutrition			
24	Continuous Risk Assessment & Prevention of Tourniquet Complications			
25	Prevent Person-to-Person Transmission of Infection			
26	Influenza Vaccination of Healthcare Workers			
27	Appropriate Workplace for Medication Preparation and Dispensing			
28	Standardized Medication Labeling and Storage			
29	Identification & Appropriate Use of "High-Alert" Drugs			
30	Medication Dispensed in Unit Dose			

Disclaimer: Applicant hospitals agree to indemnify and hold harmless the Dirigo Health Agency, Maine Quality Forum, their respective officers and employees, and Safety Star validation team members from and against all claims, costs, expenses, injuries, liabilities, losses and damages arising out of or related to the application and validation process.

When complete, please submit application to the Maine Quality Forum. Electronic submissions are preferred. To submit electronically, email your application as an attachment to mqf@maine.gov and include "Safety Star Application" in the subject line. Applications may also be mailed to:

Attn: Ruth Ann Burke: Safety Star
Dirigo Health Agency
Maine Quality Forum
211 Water Street
53 State House Station
Augusta, ME 04333

Appendix C: Validation Criteria

Safety Star Validation Criteria

NQF #	Practice	Criterion A	Criterion B	Criterion C	Criterion D	Criterion E	Criterion F	Criterion G
1	Culture of Safety	Evidence of Agency for Healthcare Research and Quality (AHRQ) survey results in staff meeting minutes	Evidence of AHRQ survey results in board meeting minutes	Evidence of AHRQ survey result dissemination to staff (e.g. newsletter)				
2	Evidence-based Referral	Presence of written policy	Evidence of record review for all outlier procedures	Evidence of Medical Executive Committee review for all outlier procedures				
3	Ensure Adequate Nursing Staff	License without present statement of deficiency related to adequate nursing staffing						
4	Intensivist Care	Not applicable 2006						
5	Pharmacists Involved in Medication Use	Evidence of 24-hour pharmacist coverage via on-site pharmacist and/or telepresence	If YES, personnel interviewed report pharmacist involvement	If YES, pharmacist verification of prescription orders found in 30 randomly selected patient records	If NO, a score of "full pie" ("Excellent use of recommended medication safety practices") on Maine Health Management Coalition (MHMC) Medication Safety Spotlight Survey	If NO, presence of systems to mitigate the risk of medication error (e.g. CPOE, automated review software, electronic medication administration records, automated medication dispensing systems), as indicated in MHMC Survey responses		
6	Verbal Order Safety	Presence of written policy for verbal orders to be immediately read back and signed off on within 24 hours	Evidence of compliance audit within past 12 months	Verbal order verification record found in 30 randomly selected patient records				
7	Standardized Abbreviations and Dose Designation	Presence of written policy	Evidence that orders are audited	Use of non-standardized abbreviations is documented	Presence of remediation plan			
8	Care Summaries not Prepared From Memory	Evidence of protocol to provide clinicians access to necessary records at time of dictation	Evidence of compliance audit	Presence of remediation plan	Care summaries match charts in 30 randomly selected patient records	Coders interviewed note and report discrepancies between charts and care summaries		
9	Accurate Information Flow Across Providers	Presence of written policy that includes comprehensive plan for guidelines, timelines, staff assignments, and audit system	Evidence of medication reconciliation at admission, or at discharge, or for intramural transfers					
10	Patient Understanding of Treatment	Consent forms found in 30 randomly selected patient records	Nurses (1-5 OR) interviewed conduct preprocedure discussions with patients until they demonstrate understanding of proposed procedures	Presence of interpreter process for non-English speaking patients				

Safety Star Validation Criteria

NQF #	Practice	Criterion A	Criterion B	Criterion C	Criterion D	Criterion E	Criterion F	Criterion G
11	Life-Sustaining Treatment Preferences Charted	Patient wishes noted in 30 randomly selected patient records	Patient wishes followed in cases where life-sustaining treatment was considered in 30 randomly selected patient records	Evidence that procedures in violation of patient wishes are reviewed	Presence of remediation plan			
12	Computerized Prescriber Order Entry	Not applicable 2006						
13	Accurate X-Ray Labeling	Presence of written policy	X-rays accurately labeled in 30 randomly selected patient records	Evidence that mislabeling is reviewed				
14	Prevent Wrong Site/Wrong Patient Surgery	Presence of written policy	Evidence that policy is followed in 30 randomly selected patient records in high risk areas (e.g. OR, ER, Invasive Imaging suites)	No wrong site, wrong patient, wrong surgery in past 12 months				
15	Beta Blockers Prescribed Before and After Surgery	Evidence of protocol for assessing patients and administering beta blockers	Evidence of 6-month compliance audits	Audits show at least 80% of eligible patients are assessed and given beta blockers				
16	Continuous Risk Assessment and Prevention of Pressure Ulcer Development	Pressure ulcer assessment and prevention protocol is in place	Evidence of annual unit-based compliance audit	Personnel interviewed follow protocol	Pressure ulcer risk assessments and prevention plans found in 30 randomly selected patient records			
17	Continuous Risk Assessment and Prevention of DVT/VTE (clots in legs to lungs)	Presence of written policy	Evidence of annual unit-based compliance audit	DVT/VTE Risk assessments and prevention plans found in 30 randomly selected patient records				
18	Safe and Effective Blood Thinning (anti-thrombotic treatment)	Presence of written policy	Evidence of annual unit-based compliance audit	Presence of anticoagulation team	If YES, then evidence of its participation in at least 80% of appropriate cases annually			
19	Continuous Risk Assessment and Prevention of Aspiration	Presence of written policy	Evidence of 6-month compliance audits	Audits show compliance with policy at 80% or higher				
20	Prevention of Central Catheter Infection	Presence of written policy	Evidence of annual compliance audit	Audit shows compliance with policy at 90% or higher	Carts are observed to be appropriately set up	Checklists found in 30 randomly selected patient records		
21	Risk-based Prevention of Surgical Site Infection	Evidence of protocol for surgical site infection prevention	Evidence of reporting of compliance to Maine Health Data Organization					

Safety Star Validation Criteria

NQF #	Practice	Criterion A	Criterion B	Criterion C	Criterion D	Criterion E	Criterion F	Criterion G
22	Risk-based Prevention of Kidney Injury From X-Ray Dye	Presence of written policy	Evidence of semi-annual compliance audit					
23	Continuous Risk Assessment and Prevention of Malnutrition	Malnutrition screening and treatment plan protocol is in place	Evidence of semi-annual compliance audit	Evidence of malnutrition screening and treatment plan follow through found in 30 randomly selected patient records				
24	Continuous Risk Assessment and Prevention of Tourniquet Complications	Evidence of protocol for tourniquet complication risk assessment and prevention	Evidence of semi-annual compliance audit	Tourniquet complication risk assessments and complication prevention plans found in 30 randomly selected patient records	Tourniquet pressure variability observed			
25	Prevent Person-to-Person Transmission of Infection	Presence of written policy that includes the measuring and reporting of progress	Evidence of periodic observational studies	Evidence of responses to measurements	Evidence that goals for achievement are set	Patient safety survey results disseminated		
26	Influenza Vaccination of Healthcare Workers	Influenza vaccination protocol for healthcare workers is in place	Documentation of healthcare workers who have and have not been vaccinated	Evidence that at least 80% of healthcare workers who have agreed to vaccination have received it				
27	Appropriate Workplace for Medication Preparation and Dispensing	Med rooms are observed to be clean, orderly, well-lit and quiet	Evidence of monthly (or more frequent) documentation of med rooms	Evidence of med room problem documentation, action plan and follow-up that resolves the issue prior to the next regular check.				
28	Standardized Medication Labeling and Storage	Evidence of medication labeling and storage protocol	Evidence of compliance audit	Audits show full compliance with protocol	Dangerous meds are stored separately and clearly labeled	Similarly named meds are clearly labeled and easily differentiated	OR, radiology, and med room personnel interviewed accurately describe protocol	OR, radiology, and med room personnel interviewed follow protocol
29	Identification and Appropriate Use of "High Alert" Drugs	Evidence of protocol for identification and appropriate use of high alert drugs	Presence of list of high alert drugs	Evidence of compliance audit	Audits show full compliance with protocol	High alert drug list has no obvious, unexplainable omissions	High alert drug identification is observed	
30	Medication Dispensed in Unit Dose	Evidence of protocol for unit dose medication dispensing	Evidence of compliance audit	Audits show full compliance with protocol	Pharmacists interviewed accurately describe protocol	Pharmacists interviewed follow protocol	Evidence of protocol in Pharmacy & Therapeutics committee meeting minutes	Unit dose dispensing is observed on walk-arounds

Appendix D: Safety Star Reapplication Form

MAINE QUALITY FORUM SAFETY STAR PROGRAM
PROVIDER REAPPLICATION FORM

Date: _____

Hospital Name: _____

Primary Contact: _____ _____
Name Title

Mailing Address: _____
Street

_____ ME _____
City State Zip Code

Phone: _____ Email Address: _____

Date of Original Safety Star Application: _____

Date of Award Notification Receipt: _____

Instructions: Please complete the following information for the practices for which the thresholds were not met in the original application: Applicants may find it useful to review the validation process section of the Safety Star Manual. For each practice, please enter the name and a brief description of the documents which support your claim. Then enter the specific location where those documents can be found, followed by the name of the person who can answer questions about the documents. These documents will be reviewed by Validation Team members during a reapplication site visit.

Practice	Supporting Documents	Location	Contact Person
Select One			
Select One			
Select One			

When complete, please submit this form to the Maine Quality Forum. Electronic submissions are preferred. To submit electronically, email your Reapplication Form as an attachment to mqf@maine.gov and include "Safety Star Reapplication" in the subject line. Alternatively, the form may be mailed to:

Attn: Ruth Ann Burke: Safety Star
Dirigo Health Agency
Maine Quality Forum
211 Water Street
53 State House Station
Augusta, ME 04333